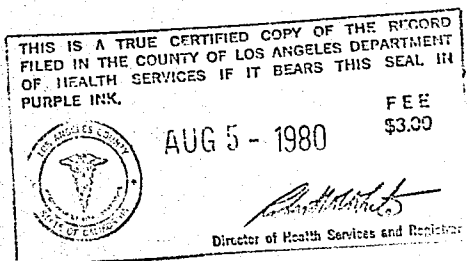


STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST Maud		1B. MIDDLE Mary	
1C. LAST Lock		2A. DATE OF DEATH (MONTH, DAY, YEAR) August 1, 1980	
2B. HOUR 2000			
3. SEX female		4. RACE White	
5. ETHNICITY English		6. DATE OF BIRTH July 11, 1884	
7. AGE 96 YEARS		IF UNDER 1 YEAR MONTHS DAYS	
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) England		9. NAME AND BIRTHPLACE OF FATHER George G. Davey - England	
10. BIRTH NAME AND BIRTHPLACE OF MOTHER Sarah Ann Puddy Morgan - Eng.		11. CITIZEN OF WHAT COUNTRY U.S.A.	
12. SOCIAL SECURITY NUMBER 556-70-0805		13. MARITAL STATUS Widowed	
14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME) -----		15. PRIMARY OCCUPATION Homemaker	
16. NUMBER OF YEARS THIS OCCUPATION 72		17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) Self	
18. KIND OF INDUSTRY OR BUSINESS Home		19. CITY OR TOWN Hawthorne	
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 14110 Cordary St.		19B. COUNTY Los Angeles	
19C. STATE Calif.		20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Leonard Loak - Son P.O. box 318	
21A. PLACE OF DEATH Ayar Lar Convalescent Hosp		21B. COUNTY Los Angeles	
21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 16530 South Broadway		21D. CITY OR TOWN Gardena	
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE (A) Circulatory failure CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart disease (C) Arteriosclerosis		23. OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH NO	
24. WAS DEATH REPORTED TO CORONER? NO		25. WAS BICEST PERFORMED? NO	
26. WAS AUTOPSY PERFORMED? NO		27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEMS 22 OR 23? TYPE OF OPERATION NO	
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. I ATTENDED DECEDENT SINCE (ENTER MO. DA. YR.) 6-17-1980		28B. PHYSICIAN'S SIGNATURE AND DEGREE OR TITLE M. Al-Fadly MD	
28C. DATE SIGNED 8-4-80		28D. PHYSICIAN'S LICENSE NUMBER A020545	
28E. TYPE PHYSICIAN'S NAME AND ADDRESS W. Al-Fadly, M.D.		28F. ADDRESS 16000 South Vermont Avenue Gardena, California	
29. SPECIFY ACCIDENT, SUICIDE, ETC. NO		30. PLACE OF INJURY NO	
31. INJURY AT WORK NO		32A. DATE OF INJURY—MONTH, DAY, YEAR NO	
32B. HOUR NO		33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN) NO	
34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY) NO		35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED, AS REQUIRED BY LAW I HAVE HELD AN (INQUEST-INVESTIGATION) NO	
35B. CORONER—SIGNATURE AND DEGREE OR TITLE NO		35C. DATE SIGNED NO	
36. DISPOSITION Burial		37. DATE—MONTH, DAY, YEAR Aug. 5, 1980	
38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Pacific Crest Cemetery: Redondo Beach, Ca.		39. FUNERAL HOME'S LICENSE NUMBER AND ADDRESS Stone & Myers Mortuary	
40. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Stone & Myers Mortuary		41. LOCAL REGISTRAR'S SIGNATURE NO	
42. DATE ACCEPTED BY LOCAL REGISTRAR AUG 5 - 1980		43. STATE REGISTRAR'S SIGNATURE NO	
44. STATE REGISTRAR'S SIGNATURE NO		45. STATE REGISTRAR'S SIGNATURE NO	



State of OREGON: COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the 26th day of February A.D., 1981 at 2:21 o'clock P M., and duly recorded in

Vol M81 of Deeds on page 3391

Fee \$ 3.50

EVELYN BIEHN
COUNTY CLERK
By Berntha H. Felts deputy

3350
ck

01-3-1-5047